

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Harry L. Samuel

COURT CASE NUMBER

CIV. NO. 05-037-SLR

DEFENDANT

Correctional Medical Services

TYPE OF PROCESS

order/complaint

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT

Correctional Medical Services (Dental Service)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

12647 olive Boulevard, Saint Louise Missouri 6314-9052

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Harry Samuel SBI #201360
Delaware Correctional Center
1181 Paddock Road
Smyrna, Delaware 19977

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

6

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Dental Service, at the Delaware Correctional Center
1181 Paddock Road Smyrna, Delaware 19977.
(Dental provider now sense July 1st 2005) Top, Dr. Chris Maloney and Dora Plante

Signature of Attorney or other Originator requesting service on behalf of:

Harry L. Samuel

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

10-21-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

SP

3/06

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

FILED

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

MAY - 2 2006

Date of Service Time am pm

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Rep. by Kevin O'Conner